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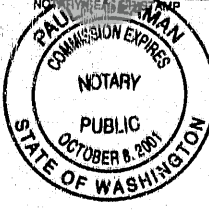
BOOK 196 PAGE 8

FILED IN RECORD
SKAMIA CO. WASH
BY SKAMIA CO. TITLE

RETURN ADDRESS

JAN 11 3 21 PM '00

AMOSER
ADVISOR
GARY L. OLSONSupplemental
Exhibit (A)
Indirect
Financed

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1998	FUGUA	56 X 25	16291	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 03-09-10-0-0-2000-00	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
30		1		1	
NAME OF REGISTERED OWNER Todd Oglesby					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS CITY STATE ZIP CODE 160 NW Simmons White Salmon WA 98672					
NAME OF LEGAL OWNER Riverview Community Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS CITY STATE ZIP CODE PO Box 1068 Camas WA 98607					
GRANTEE NAME Department of Licensing					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE AM/ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.					
Signature of Registered Owner and Title, IF APPLICABLE: Todd Oglesby					
Signature of Additional Registered Owner and Title, IF APPLICABLE:					
		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of Skamania Signed and attested before me on 7.27.99 by Todd Oglesby PRINT NAME OF REGISTERED OWNER Signature Paul Seaman NOTARY OR AGENT by PRINT NAME OF REGISTERED OWNER Signature Paul Seaman PRINTED NAME OF NOTARY Title Notary DEALERSHIP POSITION/AGENT/NOTARY AND: County/Office No. OR 108-2001 Notary Expiration Date			
		4 TITLE COMPANY CERTIFICATION			
		I certify that the legal description of the land and ownership is true and correct per the real property records.			
		NAME (TYPED OR PRINTED) TITLE COMPANY / PHONE NUMBER			
SIGNATURE / POSITION DATE					
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.					
5 BUILDING PERMIT OFFICE CERTIFICATION					
I certify that: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described, <input type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED)		BLOG PERMIT OFFICE/PHONE #		BLOG PERMIT #	
Marlon Morat		509-427-9484		178-99	
SIGNATURE / POSITION		DATE			
Marlon Morat		Building Inspector		12-20-99	

6 SIGNATURE (IF LEGAL OWNER)					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <u>Karen M Nelson</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
LORI A. JACKSON STATE OF WASHINGTON NOTARY — PUBLIC My Commission Expires June 1, 2003		State of Washington County of <u>CLARK</u>		Signed or attested before me on <u>7/28/99</u>	
		by <u>Karen M Nelson</u>		Signature: <u>Lori A Jackson</u>	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
		by _____		<u>Lori A Jackson</u>	
		PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY	
		Title <u>Senior Vice President</u>		County/Office No. OR Dealer No. OR <u>6/1/03</u>	
		DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
The East Half of the Southwest Quarter of the Southeast Quarter of the Southeast Quarter of Section 10, Township 3 North, Range 9 East of the Willamette Meridian, in the County of Skamania, State of Washington. Except the North 260 feet thereof. Also Except the East 20 feet for public road.					
8 DEALER'S REPORT OF SALE					
I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.					
DEALER NAME (TYPED OR PRINTED)			WA DEALER NUMBER		DATE OF SALE
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE			
<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).					
9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)					
I certify that the above application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.					
NAME (TYPED OR PRINTED)			COUNTY OFFICE/VFS OPERATOR NUMBER		
SIGNATURE			DATE		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX

IMPORTANT: Once the application has been approved by the County Auditor / Vehicle Licensing Office, take your application form to the County Recording Office. Retain proof of the recording fees paid. If the Recording Office retains your original application form, obtain a certified copy of the recorded form.

APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees. Vehicle licensing subagents charge a service fee.

For full instructions on completing this form for Title Elimination, Removal from Real Property or Transfer in Location, see form TD-420-730. Manufactured Home Application Instructions.